## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P00000039973 "

Entity Name

DAVID RODRIGUEZ TRUCKING, INC.



FILED Mar 08, 2007 08:00 AM Secretary of State

Principal Place of Business

1218 COUNTY ROAD 830-A FELDA, FL 33930 Mailing Address

PO BOX 625 FELDA, FL 33930



DO NOT WRITE IN THIS SPACE

01252007

No Chg-P

CR2E034 (11/05)

4. FEi Number 65-1011094 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, DAVID 1218 COUNTY ROAD 830-A FELDA, FL 33930 DO NOT WRITE IN THIS SPACE

					提供的提供的数据的数据的100000000000000000000000000000000
8. The above the obligat	e named entity submits this statement for the pations of registered agent.	purpose of changing its registere	ed office or r	egistered agent, or bot	h, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title	Il anglicable (AIOTE: Ranislava:	i Agent slogsture	e required when reinstating)	DATE
	Signature, types or printed name or registered agent and time	II applicable. (NOTE: hogistere:	Agent signature	- Indones what is a second of	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	<ol> <li>Election Campaign Finand Trust Fund Contribution.</li> </ol>	cing 🔲	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS	THE TANK		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, DAVID 1218 COUNTY ROAD 830-A FELDA, FL 33930				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-2IP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			eur Pallighta	Kilos sultentis :	
TITLE	1			A THE STATE OF THE	

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS

EDITE AND TYPED OR PRINTED NAME OF BIGNING OFFICE OR DIRECTO

07 (234) 253-132

Daytime Prione #